

SERVICE PLANNING

A service plan must be developed for all ACP cases. The service plan is formatted in the customer, medical, functional, and provider/payments modules in ASCAP and interacts with the comprehensive assessment.

The service plan directs the movement and progress toward goals identified jointly by the client, the facility and by the adult services worker.

Service planning is person-centered and strength-based.

Areas of concern need to be identified in the comprehensive assessment to properly develop a plan of service.

Participants in the plan should involve not only the client, but also family, significant others, and the caregiver.

Service plans are to be completed on all new cases and updated as often as necessary. Minimally the updates occur at the six month review.

A copy of the ACP service plan (**DHS-324-A and DHS-324-B**) must be given or mailed to the AFC provider within **five business days** of the home visit.

SERVICE PLAN DEVELOPMENT PRACTICES

Service plan development practices will include the use of the following skills:

- Actively **listen** to the client.
- Actively **communicate** with the licensed homeowner/or home manager.
- Encourage clients to **explore options** and select the appropriate services and supports.
- Monitor for congruency between case assessment and services plan.
- Provide the necessary **supports** to assist clients in applying for resources.

- Continually **reassess** case planning.
- Enhance/preserve the client's **quality of life**.
- **Monitor** the status of all **referrals** to community resources to **ensure quality outcomes**.
- Behavioral plans **must be addressed** in the service plan **prior to implementation** per licensing regulations.